

DMR Copy of Record

Permit

Permit #:

MD0050903

Major:

No

Permittee:

BOONES ESTATE MHC, LLC

Permittee Address:

2138 ESPEY CT., SUITE 1
ANNE ARUNDEL COUNTY
CROFTON, MD 21114

Facility:

BOONES MOBILE ESTATE WWTP

Facility Location:

1091 MARLBORO ROAD
LOTHIAN, MD 20711

Permitted Feature:

001
External Outfall

Discharge:

001-A
11-DP-0191

Report Dates & Status

Monitoring Period:

From 08/01/19 to 08/31/19

DMR Due Date:

09/28/19

Status:

NetDMR Validated

Considerations for Form Completion

RESIDUAL CHLORINE LIMITS APPLIES ONLY IF CHLORINE OR CHLORINE COMPOUNDS ARE USED AS DISINFECTING AGENT.

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI:

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					Value NODI														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.071	=	0.117	03 - MGD								99/99 - Continuous	RC - Recorder (auto)
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD							99/99 - Continuous	RC - Recorder (auto)	
					Value NODI														
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample														
					Permit Req.										<	0.1 MAXIMUM	19 - mg/L	01/01 - Daily	GR - GRAB
					Value NODI											Q - Not Quantifiable			
51040	E. coli	1 - Effluent Gross	0	--	Sample													01/07 - Weekly	GR - GRAB
					Permit Req.										<=	126.0 MX MO GMN	30 - MPN/100mL	01/07 - Weekly	GR - GRAB
					Value NODI														

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes

Comments

Not sure why they were out of compliance, we were not operators at this time. We are just reporting for them to try and catch them up.

Attachments

Name	Type	Size
BoonesDMRAugust2019.pdf	pdf	378658.0

Report Last Saved By

BOONES ESTATE MHC, LLC

User: (b) (6)
Name: (b) (4) s
E-Mail: (b) (6)
Date/Time: 2020-06-30 09:13 (Time Zone: -04:00)

Report Last Signed By

User: (b) (6)
Name: (b) (4) s
E-Mail: (b) (6)
Date/Time: 2020-06-30 09:14 (Time Zone: -04:00)

PERMITTEE NAME/ADDRESS(Include Facility Name & Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

NAME: Boones Estates MHC, LLC c/o Horizon Land Company LLC

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

ADDRESS: 2138 Espey Court Suite 1

11-DP-0191A

MD0050903

Outfall 001

Crofton, Maryland (AA Co.) 21114

DISCHARGE NUMBER

DISCHARGE NUMBER

FACILITY: Boones Estates MHC-WWTP

LOCATION: 1091 Marlboro Road

Lothian, Maryland (AA Co.) 20711

ATTN. KATE COSTELLO

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
2019	8	1	2019	8	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Freq. Of Analysis	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.071	0.117	MGD	*****	*****	*****		0	CONT.	REC.
	PERMIT REQUIREMENT	REPORT MONTHLY AVG.	DAILY MAX		*****	*****	*****			CONT.	REC.
BOD, 5 day 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	9.77	18.95	Lbs./day	*****	16.50	32.0	MG/L	1	4/31	24HR.C
	PERMIT REQUIREMENT	5.3 MAX MO AVG.	8.0 MAX WKLY AVG.		*****	8 MAX MO AVG.	12 MAX WKLY AVG.			ONCE per week	24 HR. COMP.
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		7.10	*****	7.90	SU	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM		8.5 MAXIMUM			DAILY	GRAB
Oxygen, dissolved 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	5.90	*****	*****	MG/L	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****		5.0 INST. MIN.	*****	*****			DAILY	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	11.40	37.90	Lbs./day	*****	19.25	64.0	MG/L	1	2/31	24HR.C
	PERMIT REQUIREMENT	5.3 MAX MO AVG.	8.0 MAX WKLY AVG.		*****	8 MO AVG.	12 MAX DAILY			ONCE per week	24 HR. COMP.
E-Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	93.410	MPN/ 100ML	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	126 GEO MEAN			ONCE per week	GRAB
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	<0.10	NA	0	NA	UV
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.10 DAILY MAX			DAILY	GRAB
Total Nitrogen (as N) 00600 1 0 Daily/Monthly Total Lbs.	SAMPLE MEASUREMENT	*****	21.91	Lbs./day	*****	37.0	*****	NA	0	Calc.	*****
	PERMIT REQUIREMENT	679.18	*****	Lbs./Month	*****	MO AVG.				ONCE per month	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jack E Bradshaw Jr.

Prostart: VP Operations

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

443 903-4758

CODE NUMBER

DATE

2019 9 28

YEAR MO DAY

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

BOD-TSS exceedances for the month of August 2019: Blower #1 out of service 8/10: No spare blower available: Plant in poor operating condition. Loss of blower caused solids removal from secondary clarifier to stop. Clarifier washed out solids until blower function restored:

PERMITTEE NAME/ADDRESS(Include Facility Name & Location if Different)

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ADDRESS: 2138 Espey Court Suite 1

Crofton, Maryland (AA Co.) 21114

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

11-DP-0191A

DISCHARGE NUMBER

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Form Approved

OMB No. 2040-0004

FACILITY: Boones Estates MHC-WWTP

LOCATION: 1091 Marlboro Road

Lothian, Maryland (AA Co.) 20711

ATTN: KATE COSTELLO

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
2019	8	1	2019	8	31

FROM

TO

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Freq. Of Analysis	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Nitrogen, Total (as N) Total Lbs./Year 00600 1 2 Cumulative/Year January to December	SAMPLE MEASUREMENT	*****	3795.47	LBS/YEAR	*****	*****	*****	MG/L	0	Calc.	*****
	PERMIT REQUIREMENT	*****			*****	MAX MO AVG.	*****			ONCE per month	Calculated
Organic Nitrogen 00625 Effluent Gross	SAMPLE MEASUREMENT	2.131	*****	Lbs./day	*****	3.60	*****	MG/L	0	2/31	24HR.C
	PERMIT REQUIREMENT	*****			*****	REG MO AVG.	*****			ONCE per month	Calculated
Nitrate-Nitrite Nitrogen Total (as N) 00630 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	Lbs./day	*****	32.0	*****	MG/L	0	2/31	24HR.C
	PERMIT REQUIREMENT	*****	*****		*****	MAX MO AVG.	*****			ONCE per week	24 HR. COMP.
Ammonia Nitrogen Total (as N) 00630 1 0 Total (as N)	SAMPLE MEASUREMENT	0.829	1.540	Lbs./day	*****	1.40	2.60	NA	0	2/31	24HR.C
	PERMIT REQUIREMENT	1.9 MAX MO AVG.	10 MAX WKLY AVG.		*****	2.9 MAX MO AVG.	15 MAX DAILY AVG.			ONCE per week	24 HR. COMP.
Phosphorous, Total (as P) 00665 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	2.635	Lbs./day	*****	4.45	*****	MG/L	0	2/31	24HR.C
	PERMIT REQUIREMENT	81.69	*****	Lbs./Month	*****	MONTHLY AVG.				ONCE per week	24 HR. COMP.
Phosphorous, Total (as P) Total Lbs./Year 00665 1 2 Cumulative/Year January to December	SAMPLE MEASUREMENT	*****	530.05	Lbs./Year	*****	*****	*****	NA	0	Calc.	24HR.C
	PERMIT REQUIREMENT	*****			*****	*****	*****			ONCE per month	Calculated
FLOW, in conduit or thru treatment plant 50050 1 0 Cumulative/Year January to December	SAMPLE MEASUREMENT	0.635	*****	NA	*****	*****	*****	NA		Calc.	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			ONCE per month	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jack E Bradshaw Jr.

Prostart: VP Operations

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9

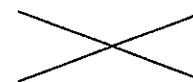
28

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



	e-coli MPN/100ml	e-coli logarithm of
week 1	2420	3.38
week 2	13	1.11
week 3	2420	3.38
week 4	1	0.00
total	4845	7.881574
count	4	4
avg	93.41003	1.970394